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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34795** **(7)**

1. Corporation Name

BLOSSOMS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
10034 HAMMOCKS BLVD. MIAMI FL 33196 US	7154-B SOUTH WEST 47 ST SUITE 112 MIAMI FL 33155-4654 US

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 10000 HAMMOCKS BLVD
22 Suite, Apt. #, etc. —
23 City & State: MIAMI, FL
24 Zip: 33196 25 Country: USA

2a. Mailing Address
26 % AERRIS CORP.
27 Suite, Apt. #, etc. PO BOX 960606
28 City & State: MIAMI, FL
29 Zip: 33296-0606 30 Country: USA

4. FEI Number: 65-0203789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GROUP CADICORP, INC.
7154-B SOUTHWEST 47TH ST
SUITE 112
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: AERRIS CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 9370 SUNSET DRIVE, #280
83
84 City: MIAMI FL 85 Zip Code: 33173

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Alejandro ALEJANDRO J. DELGADO, CAM 070197
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, KATHERINE L		1.2 NAME		
STREET ADDRESS	10034 HAMMOCKS BLVD. #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROMANO, JOAN		2.2 NAME		
STREET ADDRESS	10018 HAMMOCKS BLVD. #101		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	S/D	☐ Change ☐ Addition
NAME	GOODGER, MARCIA		3.2 NAME		
STREET ADDRESS	10030 HAMMOCKS BLVD. #208		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IZQUIERDO, RONALD		4.2 NAME		
STREET ADDRESS	10010 HAMMOCKS BLVD. #205		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHUMACHER, GARY		5.2 NAME		
STREET ADDRESS	10026 HAMMOCKS BLVD., #210		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 7-14-97 305 273-5252